high coloured. Morphia, quinine, and mucilaginous drinks; diet, gruel or chicken broth. I left him at nine o'clock asleep, skin moist and warm, pulse soft and about 100; breathing improved.

24th. Patient improving; the whole surface of his body and neck studded with genuine *tartar emetic pustules.* Complains of no pain, except the burning and itching of the skin from the pustules.

25th. Patient has rested well since last visit. Alvine dejections still slightly tinged with blood. Pustules appearing on the extremities.

27th. Pustules on the body are healing, while those on the extremities are proceeding to maturity. Burning sensation very distressing. Some of the pustules on the body are as large as a plum, and the matter so deep-seated in some, as to require an incision to discharge it.

The patient went on steadily to improve. and the process of desquamation was completed about the end of the second week from the time of the appearance of the pustules. He is now in as perfect health as he enjoyed before taking the poison.

Since treating the above case, I have witnessed pustulation of the surface in the case of a pneumonic patient, to whom I administered freely the tartar emetic.—*Western Journ. of Med. and Surg.*, Jan. 1848.

[This case is remarkable not only from the large dose taken, without producing a fatal effect, the largest we believe on record; but also from the effects of the article on the surface of the body, a symptom not we believe before noticed. Trail (*Medical Jurisprudence*), mentions a case in which three drachms of tartar emetic were taken by mistake, but the dose proved fatal, and Lambert relates a case (*Casper's Wöchenschrift*) in which only *four grains* gave rise to violent pain in the abdomen, vomiting and purging, followed by severe convulsions, speechlessness, loss of pulse, coldness of skin, and every indication of immediate dissolution. The patient, however, slowly recovered. (See *Taylor on Poisons.*)]

Asclepias Tuberosa (Pleurisy Root).—Dr. T. T. Lockwood, in a paper in the *Buffalo Med. Journ.*, (March, 1848,) states that the greatest care is necessary in collecting and preserving this root, and advises that it should be collected about the 1st of Oct., cut in transverse slices, dried in the shade, and as soon as sufficiently dried, pulverized and bottled. This article, he says, " equalizes the circulation, produces copious expectoration and free diaphoresis, without inducing as much previous heat and excitement in the system as most other vegetable sudorifics. In the treatment of measles, this root is often of essential service. When the rash is tardy in making its appearance, the cough harsh and dry, attended with pain in the eyes and forepart of the head, the warm decoction of this root may be given with marked good effect. It is decidedly the most valuable medicine I have ever administered to bring out the rash in all eruptive diseases, after the phlogistic state of the system has been properly attended to.

"Owing to the intimate relation existing between the mucous membranes and the cutaneous exhalants, the pleurisy root is a most useful remedy in bronchitis, catarrh, and chronic diarrhœa of long standing. This root is especially serviceable in sub-acute and chronic rheumatic affections, when they are attended with a dry and harsh skin. In this complaint, the warm decoction may be given alternately with the tincture of colchicum. Opium in any form has a tendency to produce congestion of the brain, and to lock up the secretions; therefore, the asclepias is preferable to Dover's Powder in all those low forms of fever in which there is a tendency to cerebral congestion, and where we wish to promote expectoration. In acute inflammation of the parenchyma, or of the serous membrane of the lungs, it will not do to rely upon the pleurisy root alone, but we should resort at once to active depletion. Asclepias tuberosa possesses important medicinal properties. The warm decoction acts with as much certainty as a diaphoretic, as jalap does as a cathartic. It is peculiarly applicable to the diseases of children, as it possesses no disagreeable taste, or smell. I have frequently employed the pleurisy root in that continued and exhausting diarrhœa to which children are subject during the summer months, and generally with manifest advantage. In the latter complaint, the root should be boiled in fresh milk. Boil three drachms of this root in a quart of fresh milk down to one pint. Half an ounce of this is to be given every two or three hours. It generally excites a copious perspiration."

The best mode of exhibiting it, according to Dr. Lockwood, is in the form of decoction. One ounce of the root may be boiled in three pints of water down to a quart, and given in doses of half a gill every half hour. Dose of the substance ten to fifteen grains.

Experiments to prove that the Capillaries of the Lungs do not Anastomose.—By G. P. CAMMANN, M. D., (*New York Journ. Med.*, Jan. 1848.)—*Experiment* 1. Water coloured with gamboge was injected into a branch of the pulmonary artery going to a section of lung, and it was found that a defined portion became moderately distended with the fluid; the water then commenced flowing from the accompanying bronchus and vein. The latter being secured by a ligature, the injection was forced in until this portion of lung became very tense. The injection continued confined to the same original extent of lung; the surrounding parts remained perfectly flaccid, and not a drop of the fluid escaped from any of the bronchi or veins.

Exper. 2. A similar injection was forced into a branch of the pulmonary vein. The fluid flowed only from the accompanying bronchus and artery. (The injection entered with such facility as to show that its course was not interrupted by any valves.)

Exper. 3. We moderately inflated a section of lung through a bronchial tube, and secured it by a ligature. The accompanying pulmonary artery was then injected, and it was found that the injection extended exactly as far as the inflated portion of lung, following closely the indentations so marked at the boundaries of the bronchial ramifications; the surrounding parts remaining flaccid.

Exper. 4. We substituted the vein for the artery with similar results.

The above experiments were repeated a number of times, proceeding from the larger arteries and veins to the more minute, and it was found that the injection of coloured water remained confined to the ramifications of the artery or vein under examination.

To confirm the preceding experiments, Dr. C. had recourse to the following series.

"*Exper.* 5. We injected a moderately-sized pulmonary artery with a strong solution of tartaric acid, and continued to fill the vessel, until from the accompanying bronchus and vein there streamed out a fluid which, when tested with bicarbonate of soda, proved to be the acid.

"*Exper.* 6. Having previously secured by ligature the accompanying bronchus and vein, we injected a branch of the pulmonary artery with the acid solution, until the portion of lung to which it was distributed became distended and tense. We then, in a similar manner, injected an adjoining branch of the artery with a strong solution of the bicarbonate of soda, and applied force almost sufficient to rupture the tissue. The two solutions were apparently in close contact, yet not the least chemical action ensued, although we kept the vessels thus distended until we were apprehensive that the chemicals acting through the tissues might lead into error. Neither in this nor in the former experiment did any liquid come from the neighbouring vessels.

"*Exper.* 7. When the two solutions were injected successively into the artery and vein accompanying the same bronchus, the lung was rent in every direction by the disengaged carbonic acid.

"*Exper.* 8. We pursued our investigations from the larger branches of the pulmonary vessels to the more minute, and carried them down as far as practicable.

"If anastomoses of the capillaries had existed, the effervescence from the soda and acid would have burst the pulmonary tissues as in experiment 7."

As the preparations from the above experiments were of a perishable nature, Dr. C. injected sections of lungs with mucilage of gum Arabic, coloured with indigo. and then suspended them in alcohol. The injection passed only to the lobule or lobules to which the vessel was distributed.

In performing these experiments, Dr. C. states that certain precautions were necessary. "1. While cutting off the piece of lung for experiment, care was taken not to draw down the edges, lest the vessels to be injected should be on the